

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Clearfield County Housing Authority

PHA Number: PA065

PHA Fiscal Year Beginning: (mm/yyyy) 04/2003

PHA Plan Contact Information:

Name: Paul G. Pecharko

Phone: 814-765-2485

TDD: 814-765-2487

Email (if available): ccha1@charter.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

- ☒ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

Annual PHA Plan
Fiscal Year 2003
[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Clearfield County Housing Authority will be concentrating on the implementation of the Capital Fund Program Renovations as funded by the Department of HUD. The Authority plans to have Phase Number 4 renovations completed by June 30, 2002, and be prepared to go out for bid proposals for all renovations contained in the Budgets for Phase Number 5 on or before October 1, 2002.

The Authority will also streamline its policies and procedures on Unit Turnaround Time to reduce the number of days to increase the Authority's PHAS Score. The Authority will be revisiting policies and procedures to insure the deconcentration of poverty and income ratios as required by the Quality Housing and Work Responsibility Act of 1998.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

- A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$346,635.00
- C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.
- D. Capital Fund Program Grant Submissions
- (1) Capital Fund Program 5-Year Action Plan**
The Capital Fund Program 5-Year Action Plan is provided as Attachment C
- (2) Capital Fund Program Annual Statement**
The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources

- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? Not Applicable
- C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☒ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 - ☐ Yes ☐ No: below or
 - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.
 - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary.
An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment _____.
 - ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: CLEARFIELD COUNTY
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

CLEARFIELD COUNTY HOUSING AUTHORITY

SUBSTANTIAL DEVIATION AND SIGNIFICANT AMENDMENT/MODIFICATION

A. Substantial Deviation from the Five Year Plan:

1. Any change to the Mission Statement.
2. 50% deletion from or addition to the goals and objective as a whole; and
3. 50% or more decrease in the quantifiable measurement of any individual goal of the objective.

B. Significant Amendment or Modification to the Annual Plan

1. Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement.
2. Any submissions to Department of HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership Programs, and
3. Any change not consistent with the local, approved Consolidated Plan, at the discretion of the Executive Director.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Clearfield County Housing Authority		Grant Type and Number Capital Fund Program: PA28P065501-02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: <div style="text-align: center;">2002</div>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	0			
3	1408 Management Improvements	0			
4	1410 Administration	\$10,600.00			
5	1411 Audit	0			
6	1415 liquidated Damages	0			
7	1430 Fees and Costs	\$27,000.00			
8	1440 Site Acquisition	\$48,000.00			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	\$125,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	\$136,035.00			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1498 Mod Used for Development	0			
19	1502 Contingency	0			
20	Amount of Annual Grant: (sum of lines 2-19)	\$346,635.00			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Clearfield County Housing Authority		Grant Type and Number Capital Fund Program: PA28P065501-02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures	0			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

: PHA Name Clearfield County Housing Authority		Grant Type and Number Capital Fund Program #: PA28P065501-02 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A-1	EMERGENCY GENERATORS	1475	ONE	\$58,000.00	0	0	0	
A-1	COUNTERTOP WALL	1460	97	\$47,000.00	0	0	0	
A-1	SINK VANITY AND FAUCET AND SHOWER FAUCETS	1460	97	78,000.00	0	0	0	
A-1	EMERGENCY ALARM SYSTEM	1475	1	\$78,035.00	0	0	0	
A-1	PURCHASE PROPERTY FOR OFFICE	1440	1	\$48,000.00	0	0	0	
A-1	ARCHITECT FEES	1430	1	\$27,000.00	0	0	0	
A-1	CLERK OF THE WORKS	1410	1	\$10,600.00	0	0	0	
				\$346,635.00				

Part III: Implementation Schedule

[illegible]

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number PA65-1	Development Name (or indicate PHA wide) MEYER TOWERS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
INSTALLATION OF A NEW EMERGENCY GENERATOR TO OPERATE THE ELEVATORS, EMERGENCY LIGHTING AND FIRE ALARMS. THE CURRENT GENERATOR IS 26 YEARS OF AGE.	\$58,000.00	4/1/03
REDESIGN KITCHEN WALL OPENING AND INSTALL A COUNTERTOP.	\$47,000.00	4/1/03
INSTALL NEW BATHROOM SINK, VANITY AND FAUCET. INSTALL NEW MEDICINE CABINETS IN BATHROOMS. INSTALL NEW BATHTUB SHOWER FAUCETS.	\$78,000.00	4/01/03
INSTALL NEW MECHANICAL SYSTEMS TO INCLUDE FIRE ALARM, SYSTEM AND EMERGENCY ALARM SYSTEM IN THE INDIVIDUAL APARTMENTS AND THE SECURITY PHONE SYSTEM AT THE FRONT DOOR.	\$78,035.00	4/1/03
PURCHASE OF A PROPERTY ADJACENT TO THE MEYER TOWERS FOR FUTURE CONSTRUCTION OF AN OFFICE COMPLEX.	\$48,000.00	4/1/03
ARCHITECT AND ENGINEERING FEES.	\$27,000.00	4/1/03
CLERK OF THE WORK FEES.	\$10,600.00	4/1/03
TOTAL EXPENDITURES IN FISCAL YEAR APRIL 1, 2003		
Total estimated cost over next 5 years	\$346,635.00	

CFP 5-Year Action Plan	
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement	
Development Number PA65-1 A	Development Name (or indicate PHA wide) EDGEWOOD APARTMENTS

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
INSTALLATION OF ALL NEW INTERIOR LIGHTING IN EACH INDIVIDUAL APARTMENT INCLUDING BATHROOMS, BEDROOMS, LAUNDRY ROOMS, KITCHENS, HALLWAYS AND STAIRWELLS. EXISTING LIGHTING IS 26 YEARS OLD.	\$32,000.00	4/1/04
INSTALLATION OF ALL NEW INTERIOR ROOM DOORS AND CLOSET DOORS.	\$75,000.00	4/1/04
INSTALLATION OF NEW COUNTERTOPS AND CABINETS-PHASE 1	\$41,000.00	4/1/04
REPLACEMENT OF ROOFS ON ALL 8 BUILDINGS ON THE SITE INCLUDING DETERIORATED PLYWOOD SHOOTING WITH INSTALLATION OF 25 YEAR SHINGLES WITH NEW SOFFIT AND FASCIA AND DOWN SPOUTING.	\$117,000.00	4/1/04
INSTALLATION OF NEW 30" ELECTRIC RANGES.	\$35,000.00	4/1/04
TOTAL EXPENDITURES FOR FISCAL YEAR APRIL 1, 2003	\$300,000	
Total estimated cost over next 5 years	\$300,000	

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number PA65-1	Development Name (or indicate PHA wide) EDGEWOOD APARTMENTS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
REPLACEMENT OF ALL VINYL FLOORING IN INDIVIDUAL APARTMENTS (81).	\$230,000.00	4/01/05
REPLACEMENT OF SIDEWALKS AND CURBS.	\$70,000	4/01/05
	\$300,000	
Total estimated cost over next 5 years	\$300,000	

CFP 5-Year Action Plan	
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement	
Development Number PA65-1	Development Name (or indicate PHA wide) MEYER TOWERS

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
REPALCEMENT OF FOUR INDIVIDUAL HEATING BOILERS AND THE CORRESPONDING HOT WATER STORAGE TANKS.	\$270,000.00	4/1/06
ARCHITECT AND ENGINEERING FEES.	\$30,000.00	4/1/06
TOTAL PROJECTED COSTS FOR FISCAL YEAR APRIL 1, 2005	\$300,000	
Total estimated cost over next 5 years	\$300,000	

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Clearfield County Housing Authority	Grant Type and Number Capital Fund Program: PA28P065501-02 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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☐ Original Annual Statement
 ☐ Reserve for Disasters/ Emergencies
 ☐ Revised Annual Statement (revision no:)

☒ Performance and Evaluation Report for Period Ending: 12/31/02
 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	0			
3	1408 Management Improvements	0			
4	1410 Administration	\$10,600.00		\$10,600.00	\$1,450.00
5	1411 Audit	0			
6	1415 liquidated Damages	0			
7	1430 Fees and Costs	\$27,000.00		\$27,000.00	\$1,404.56
8	1440 Site Acquisition	\$48,000.00			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	\$125,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	\$136,035.00			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1498 Mod Used for Development	0			
19	1502 Contingency	0			
20	Amount of Annual Grant: (sum of lines 2-19)	\$346,635.00		\$37,600.00	\$2,854.56
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			
24	Amount of line 20 Related to Energy Conservation Measures	0			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

: PHA Name Clearfield County Housing Authority		Grant Type and Number Capital Fund Program #: PA28P065501-02 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A-1	EMERGENCY GENERATORS	1475	ONE	\$58,000.00	0	0	0	Contracts Pending
A-1	COUNTERTOP WALL	1460	97	\$47,000.00	0	0	0	
A-1	SINK VANITY AND FAUCET AND SHOWER FAUCETS	1460	97	78,000.00	0	0	0	
A-1	EMERGENCY ALARM SYSTEM	1475	1	\$78,035.00	0	0	0	
A-1	PURCHASE PROPERTY FOR OFFICE	1440	1	\$48,000.00	0	0	0	
A-1	ARCHITECT FEES	1430	1	\$27,000.00	0	\$27,000.00	\$1,404.56	
A-1	CLERK OF THE WORKS	1410	1	\$10,600.00	0	\$10,600.00	\$1,450.00	
				\$346,635.00		\$37,600.00	\$2,854.56	

Part III: Implementation Schedule

[illegible]

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA-065-2	MEYERS TOWERS and EDGEWOOD APARTMENTS	177	NONE
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
REPLACEMENT OF ALL WINDOWS AT BOTH SITES		\$186,000.00	4/1/07
MILLING OF ALL PARKING LOTS AND STREETS. RE-PAVE ALL PARKING LOTS AND STREETS.		\$114,000.00	4/01/07
Total estimated cost over next 5 years		\$300,000.00	

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) **N1** _____ **N2** _____
R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant End

FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement						Total PHDEP Funding: \$		
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)		

1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$	
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)
1.						
2.						
3.						

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$	
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)
1.						
2.						
3.						

9130 – Employment of Investigators						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9150 - Physical Improvements						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9160 - Drug Prevention						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9170 - Drug Intervention						Total PHDEP Funding: \$	
---------------------------------	--	--	--	--	--	--------------------------------	--

Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)
1.						
2.						
3.						

9180 - Drug Treatment					Total PHEDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9190 - Other Program Costs					Total PHEDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

Required Attachment E: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
- A. Name of resident member(s) on the governing board: CATHIE M. ENSMINGER
- B. How was the resident board member selected: (select one)?
☐ Elected
☒ Appointed
- C. The term of appointment is (include the date term expires): 1/1/01-12/31/05
2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
 - ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
 - ☒ Other (explain): A correspondence requesting the appointment of a resident or program participant has been sent to the Board of County Commissioners. The Authority is awaiting a response from the Commissioners as to their appointment.
- B. Date of next term expiration of a governing board member: December 31, 2003
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Clearfield County Board of Commissioners

Required Attachment F : Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Ken Livergood – President
Ann Peters – Vice President
Patricia Rowles – Secretary
Pauline Dixon – Treasurer

**Certificate of Consistency with
The Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

Type or clearly print the following information:

Applicant: Housing Authority of the County of Clearfield

Project Name: Consolidated Plan

Project Location: Clearfield County


Name of Federal
Program Application: PHA Annual Plan QHWRA 1998

Name of Certifying
Jurisdiction: Commonwealth of Pennsylvania

Certifying Official

Name: F. Edward Geiger III

Title: Director, Office of Community Development

Signature: 

Date: December 24, 2002

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse side for Instructions and Public Reporting burden statement)

1. Type of Federal Action <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only Year (yyyy) _____ quarter _____ Date of last report (mm/dd/yyyy) _____
4. Name and Address of Reporting Entity <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subwardee Tier _____, if known: CLEARFIELD COUNTY HOUSING AUTHORITY 222 LEAVY AVENUE CLEARFIELD, PA 16830 Congressional District, if known _____		5. If Reporting Entity in No. 4 Is Subwardee, enter Name and Address of Prime <div style="text-align: center;">N/A</div> Congressional District, if known _____
6. Federal Department/Agency U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	7. Federal Program Name/Description <i>ANNUAL AND FIVE YEAR AGENCY PLAN CAPITAL FUND, OPERATING SUBSIDY</i> CFDA Number , if applicable _____	
8. Federal Action Number , if known _____	9. Award Amount , if known \$ _____	
10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI) <div style="text-align: center;">N/A</div> <div style="text-align: right;">Attach continuation sheet(s) if necessary</div>	b. Individual Performing Services (including address if different from No. 10a.) (last name, first name, MI) <div style="text-align: center;">N/A</div>	
11. Amount of Payment (check all that apply) \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply) <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other(specify) _____	
12. Form of Payment (check all that apply) <input type="checkbox"/> a. Cash <input type="checkbox"/> b. in-kind; specify: nature _____ <div style="text-align: right;">value _____</div>		
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated In Item 11. <div style="text-align: right;">(attach continuation sheet(s) if necessary)</div>		
15. Continuation sheets attached <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		
16. Information requested through this form is authorized by Sec.319, Pub. L. 101-121, 103 Stat. 750, as amended by sec. 10; Pub. L. 104-65, Stat. 700 (31 U.S.C. 1352). This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		

Federal Use Only:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Signature </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Print Name PAUL G. FECHARKO </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Title EXECUTIVE DIRECTOR </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Telephone No. 814-765-2485 </div> <div style="border-bottom: 1px solid black;"> Date (mm/dd/yyyy) 10/24/02 </div>
--------------------------	--

Authorized for Local Reproduction
 Standard Form-111 (7/9

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Applicant Name
CLEARFIELD COUNTY HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding
CAPITAL FUND

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

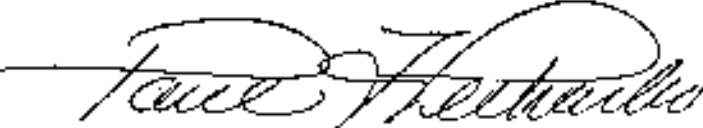
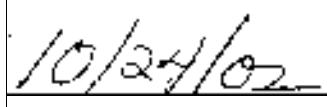
(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
PAUL G. PECHARKO	EXECUTIVE DIRECTOR
Signature 	Date (mm/dd/yyyy) 

Previous edition is obsolete

form HUD 50D71 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name
CLEARFIELD COUNTY HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding
CAPITAL FUND

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and

- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d. (2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

HENRY E. MEYER TOWERS
222 LEAVY AVENUE
CLEARFIELD, PA 16830

EDGEWQOD APARTMENTS
VALLEY VIEW DRIVE
RURAL ROUTE #4
CLEARFIELD, PA 16830

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

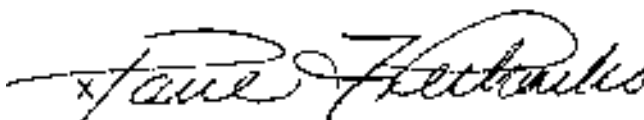
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official
PAUL G. PECHARKO

Title
EXECUTIVE DIRECTOR

Signature

Date



10/24/02

INITIAL ASSESSMENT REPORT
of the
Voluntary Conversion of
Public Housing Developments

CLEARFIELD COUNTY HOUSING AUTHORITY

MARCH 2002

Prepared BY N. K. Associates, Inc.

EXECUTIVE SUMMARY

This report describes the process used in, and provides supporting documentation for, Required Initial Assessments for the Voluntary Conversion of Developments from public housing stock owned by the Clearfield County Housing Authority ("CCHA"). It also contains reasonable conclusions for each Initial Assessment, and a PHA Certification of such conclusions. In completing its services, N.K. Associates, Inc. ("NKAI") adhered to the applicable requirements of the U.S. Department of Housing and Urban Development ("HUD") regulations found at Title 24 of the Code of Federal Regulations ("CFR") part 972.200 and the applicable Federal Register Final Rule on the same subject published on June 22, 2001.

The Required Initial Assessments were conducted for both Henry E. Meyer Towers and Edgewood Apartments based upon documentation and data provided by the CCHA as well as information contained in the 2002 CCHA Flat Rent Report.

As part of the analysis, a determination was first made as to whether any of the CCHA developments were exempt from the required assessment in accordance with 24 CFR 972.200(a). Neither were found to be exempt because they did not possess any of the following conditions:

- (1) The development is subject to required conversion under 24 CFR Part 971;
- (2) The development is the subject of an application for demolition or disposition that has not been disapproved by HUD;
- (3) A HOPE VI revitalization grant has been awarded for the development; or
- (4) The development is designated for occupancy by the elderly and/or persons with disabilities.

Therefore, NKAI analyzed information pertaining to each development separately with respect to costs, resident/community benefits, and the impact on the availability of affordable housing in the community. First we examined the cost of conversion vs. cost of non-conversion. In addition to evaluating a Net Present Value cost of non-conversion, we illustrated both a conversion cost with demolition/relocation and a conversion cost with the PHA retaining the real estate. Secondly, we reviewed and described the services and benefits afforded families residing in each of the developments. Finally, we studied the probable impact of conversion on the availability of affordable housing in the community by extracting information from a recent comparability analysis conducted by N. K. Associates, Inc. in 2001 for the establishment of 2002 CCHA flat rents. Based upon these three analyses, and in accordance with 24 CFR 972.200, N. K. Associates has concluded that conversion of either of the developments may be inappropriate because removal of the developments would not meet the necessary conditions defined by HUD for voluntary conversion.

**INITIAL ASSESSMENT
OF
VOLUNTARY CONVERSION OF PUBLIC HOUSING
TO TENANT-BASED VOUCHER ASSISTANCE**

Development Information

Development: Henry E. Meyer Towers	Project number: PA-65-A1
Number of units: 96	Development type: Hi-Rise
Date Constructed: 1974	Location: Clearfield, PA.
Anticipated modernization cost: \$600,000	Mod cost per unit: \$6,250
Average demolition/relocation cost per unit: \$10,000	
Total Development Cost (TDC) per unit: \$53,492	

Unit Distribution

BEDROOM SIZE:	EFF.	1 BR	2 BR	3 BR	4 BR
NUMBER OF UNITS:	--	96 units	--	--	--

Operating Cost per Unit (Based upon actual costs)

BEDROOM SIZE:	EFF.	1 BR	2 BR	3 BR	4 BR
COST PER MONTH:	--	\$283	--	--	--

Vacancy Analysis

The following vacancy analysis table profiles vacancy and unit leasing activity for each of the Clearfield County Housing Authority Low Income Public Housing ("LIPH") developments. Vacancy statistics were obtained from the November 2000 through October 2001 vacancy reports.

Property Location	Number of Units	Average Number of Units Rented	Average Number of Vacancies	Vacancy Rate	Vacancy Condition
Henry E. Meyer Towers (PA 65-A1)	96	95	1	1.04%	low

Waiting List

ELDERLY – ONE BEDROOM		Total No. of Units: 96	
Waiting List Size			
Applicants: 20		Percentage: 21%	
		Category: Medium	
Location HENRY E. MEYER TOWERS		Project Number PA 65-A1	Number of Units 96
		TOTAL:	96

Fair Market Rents

BEDROOM SIZE	EFF.	1 BR	2 BR	3 BR	4 BR
FAIR MARKET RENTS::	--	\$377	--	--	--

Calculated Costs

- Amortized modernization costs: $\$600,000 \div 96 \text{ units} \div 180 = \35
- Amortized cost of demolition/relocation: $\$10,000/\text{unit} \div 180 = \56
- Estimated Accrual cost: $\$53,492 - (\$6,250 \div 2) \times .02 \div 12 = \84

APPLICABILITY TO 24 CFR 972.200 (a)

A one-time required initial assessment of Henry E. Meyer Towers is necessary in accordance with 24 CFR 972.200 due to the following:

- (1) The development **is not** subject to required conversion under 24 CFR Part 971;
- (2) The development **is not** the subject of an application for demolition or disposition that has not been disapproved by HUD;
- (3) A HOPE VI revitalization grant **has not** been awarded for the development; or
- (4) The development **is not** designated for occupancy by the elderly and/or persons with disabilities.

(1) Cost Analysis:

Henry E. Meyer Towers (96 one-bedroom units)	Low-Income Public Housing		Tenant-Based Voucher Demolition/Relocation		Tenant-Based Voucher Retention of Development	
AVERAGE COST PER UNIT:	Operating Cost	\$283	Fair Market Rent	\$377	Fair Market Rent	\$377
PER UNIT FEES EARNED FROM HUD:	(PFS included in Operating Cost)	--	Administrative Fee	\$40	Administrative Fee	\$17
*COST FOR MODERNIZATION, REHAB, OR DEMOLITION/RELO:	Amortized modernization cost	\$35	Amortized cost of demolition/relocation	\$56	Rehabilitation debt (15 yr. @ 6.75%)	\$48
RESERVE FOR REPLACEMENT:	Estimated accrual cost	\$84	(Reserve not applicable)	--	Replacement reserve (10% of FMR)	\$38
TOTAL PER UNIT COSTS:	Non-Conversion	\$402	Conversion	\$473	Conversion	\$480

* Cost based upon an anticipated modernization/rehabilitation cost of \$ \$600,000 over a 180 month term.

Henry E. Meyer Tower - Conclusion:

A cost analysis comparison was completed using three scenarios. The first considered continuing to assist families in Henry E. Meyer Towers using typical public housing funding which included funds available for the purpose of modernization. The other two scenarios presented costs relative to converting to Section 8 voucher assistance. One conversion assumes that the PHA would issue vouchers to all families and require their relocation to permit the demolition of the structure. However, the other conversion scenario permits families to remain in the development and utilize their tenant-based voucher subsidies. For the PHA to convert and retain the development, it must borrow the rehabilitation funds, since modernization funds will not be available to non-public housing units. Although a conversion while retaining the development appears to be somewhat of a savings to HUD in comparison to a conversion with demolition, the PHA would have to consistently maintain very low vacancy and delinquency rates for this option to be viable. This appears most unlikely with respect to current waiting list conditions. Based upon the cost analysis above, we conclude that a voluntary conversion would not be feasible for Henry E. Meyer Towers.

(2) LIPH Resident Benefits:

Current benefits to Public Housing residents and the community would be forfeited if converting to Section 8 tenant-based vouchers. Henry E. Meyer Towers residents appreciate the social programs and services offered within the development. Such programs and services that foster a better sense of "community" include:

- Regular blood pressure testing and diabetes screening;
- Weekly exercise classes;
- Front door van service for doctors appointments;
- Bible Study classes;
- Specialty clubs and organizations such as the grandmother's club;
- Shopping services for home-bound residents;
- Bus service to the development;
- Community room;
- Resident service volunteer program; and
- PHA sponsored holiday parties and "clean-up" events.

(3) Availability of Affordable Housing:

The relocation of families from Henry E. Meyer Towers to market rate units, in a community known to have limited housing, would adversely impact the overall availability of affordable housing. Based upon information available to the Clearfield County Housing Authority from a recent comparability analysis conducted in 2001 for the establishment of 2002 flat rents, the demand for Henry E. Meyer Towers is average but the supply of market rate units appears limited. Therefore, removing 96 units of affordable housing from the area rental market would clearly create conditions of high demand for one-bedroom units without replacement housing alternatives for displaced families. Factoring in the PHA's Section 8 waiting list families would certainly demonstrate an even greater demand. Yet, by retaining Henry E. Meyer Towers as a market rate development under an alternative conversion approach, some families would likely move with the tenant-based voucher in search of other non-PHA-owned alternatives. Not only does this appear to be a difficult proposition for the families, it would severely impact the development, creating high vacancy rates and low development revenues.

CONCLUSIONS

From this Initial Assessment of the voluntary conversion of Henry E. Meyer Towers to tenant-based voucher assistance, we can conclude that a conversion would (i) be more expensive than continuing to operate the development (or portion of it) as public housing; (ii) not principally benefit both the residents of Henry E. Meyer Towers and the Clearfield County community; and (iii) adversely affect the availability of affordable housing in the Clearfield County community.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

PHA Certifications of Compliance with the PHA Plans and Related Regulations Board Resolution to Accompany the PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year Plan and Annual Plan for PHA fiscal year beginning 4/01/03, hereinafter referred to as the Plan of which this document is a part and make the following certifications and agreements with the Department of Housing Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. ~~The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.~~
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
7. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - ~~The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(e)(1).~~

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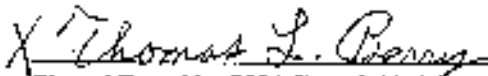
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 4.1, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.
13. For PHA Plan that includes a PHDEP Plan as specified in 24 CFR 761.21: The PHDEP Plan is consistent with and conforms to the "Plan Requirements" and "Grantee Performance Requirements" as specified in 24 CFR 761.21 and 761.23 respectively and the PHA will maintain and have available for review/inspection (at all times), records or documentation of the following:
 - Baseline law enforcement services for public housing developments assisted under the PHDEP plan;
 - Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);
 - Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;
 - Coordination with other law enforcement efforts;
 - Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and
 - All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.
14. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
15. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
16. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
17. With respect to public housing the PHA will comply with Davis-Bacon or BUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
18. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
19. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
20. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
21. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.

22. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and attachments at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.

CLEARFIELD COUNTY HOUSING AUTHORITY PA65-1

PHA Name

PHA Number



Signed/Dated by PHA Board Chair or other authorized PHA official

